

# Preparing for Accreditation

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***Public Health Performance Management  
Centers for Excellence***

# *Public Health Performance Management Centers for Excellence*

## Learning Objectives

- Identify the benefits of accreditation
- Describe the structure and Domains of the PHAB version 1.0 Accreditation Standards
- Participate in mock review of selected standards
- Describe the agency capacities and roles related to preparing for PHAB accreditation
- State two approaches for using the results of PHAB self-assessments

# *Public Health Performance Management Centers for Excellence*

## What is Public Health Accreditation?

- The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards
- The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity
- The continual development, revision, and distribution of public health standards

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## National Accreditation Goal

- The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state, local, Tribal and territorial public health departments.

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## Let's Discuss!

- Let's discuss your experience with PHAB standards and preparation for accreditation and list the benefits and the challenges of preparing your HD to undergo a PHAB accreditation review.



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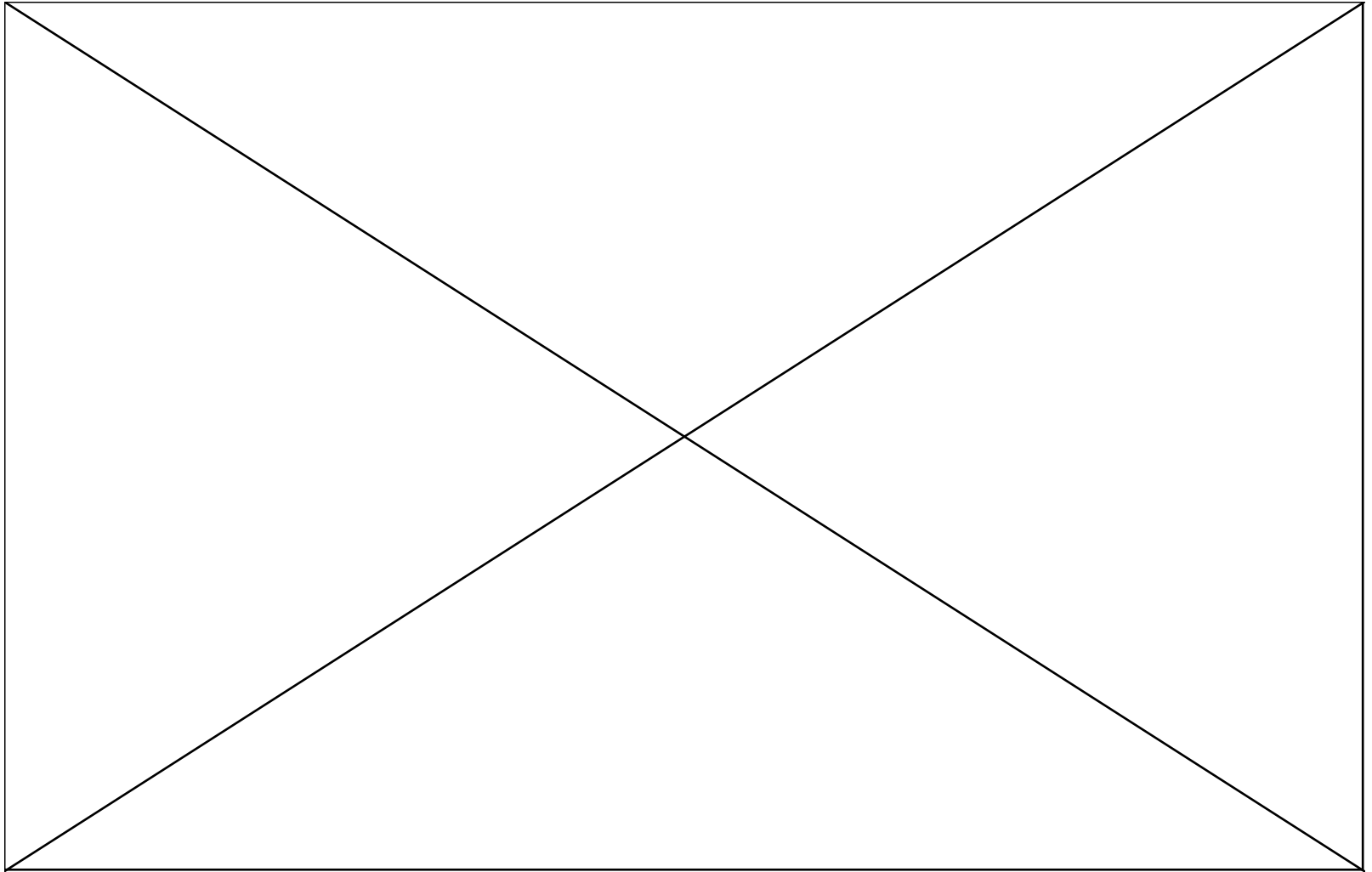
## Benefits of Accreditation Process

### Accreditation

- Can lead to policy changes
- Facilitates quality improvement
- Enhances partner relationships
- Increases accountability
- Enhances credibility
- Clarifies the public's expectations of state and local health departments
- Provides validation
- Promotes high performance



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# *Public Health Performance Management Centers for Excellence*

## Incentives for Accreditation

- National recognition for public health practice
- Opportunity to engage the public health workforce
- Access to network of public health experts
- Focus on improving the health department
- Potential access to new funding streams
- Potential streamlining of grant reporting
- Participation in developing a strong data base for exploring best practices



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## Accreditation looks at:

- Leadership
- Strategic planning
- Community engagement
- Customer focus
- Workforce development
- Evaluation and quality improvement

Note: These categories are similar to the Baldrige Performance Criteria and other standards systems.

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## Domains Cross all Programs

### Programs

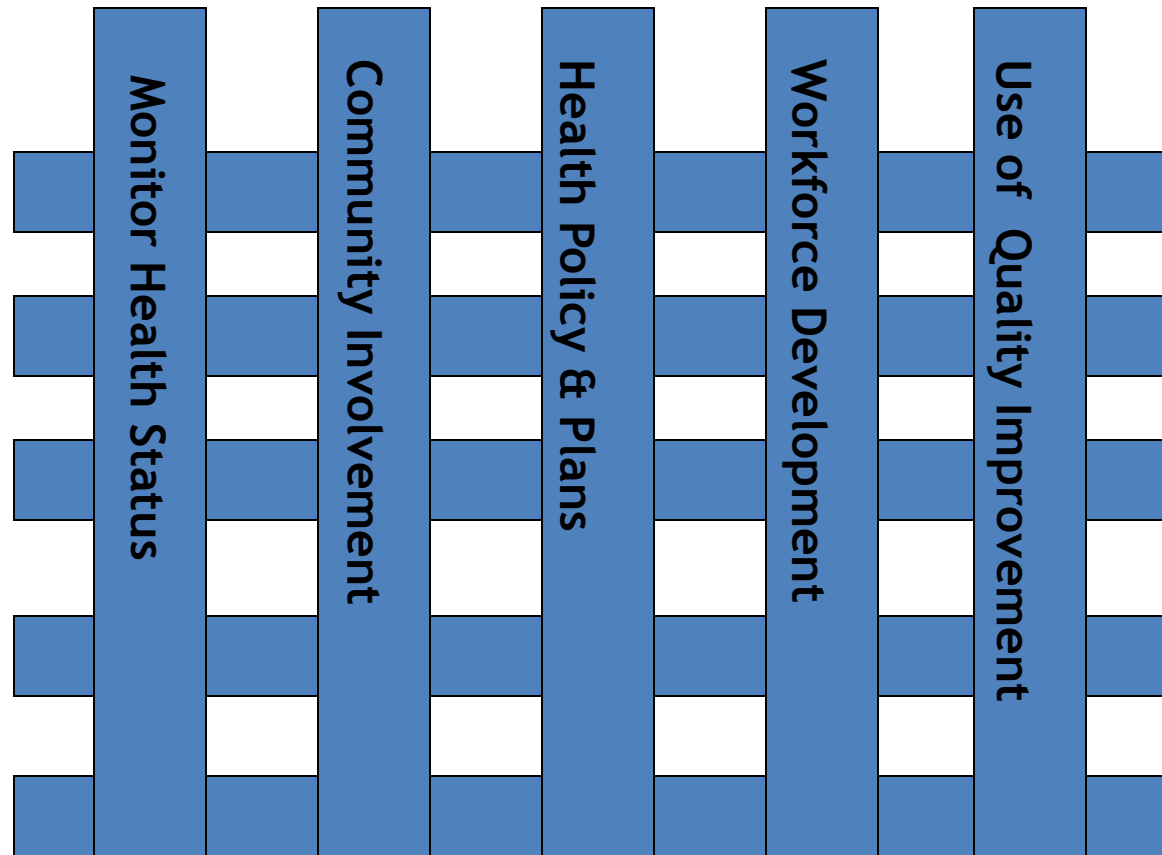
Family Planning  
Program

Immunization  
Program

On-site Septic  
Program

Food Safety  
Program

STD HIV/AIDS  
Programs



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The structural framework for the PHAB domains, standards, and measures uses the following taxonomy:

Domain	<i>(example – Domain 5)</i>
Standard	<i>(example – Standard 5.3)</i>
Measure	<i>(example – Measure 5.3.2)</i>
Tribal, State, Local or ALL	<i>(example – Measure 5.3.2 S for state health departments)</i> <i>(example – Measure 5.3.2 L for local health departments)</i> <i>(example – Measure 5.3.2 T for Tribal health departments)</i> <i>(example – Measure 5.3.2 A for all health departments)</i>

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## Format for the Standards and Measures

In this document, the PHAB Standards and Measures are preceded by the domain number and brief description of the domain. Standards are repeated at the beginning of each measure for easy reference. The chart below provides an example of the layout for standards, measures, required documentation and guidance for required documentation.

*Standard: This is the standard to which the measure applies.*

Measure	Purpose	Significance
<i>This section states the measure on which the health department is being evaluated.</i>	<p>The purpose of this measure is to assess the health department's . . .</p> <p><i>This section describes the public health capacity or activity on which the health department is being assessed.</i></p>	<i>This section describes the necessity for the capacity or activity that is being assessed.</i>
Required Documentation	Guidance	
<p><i>This section lists the documentation that the health department must provide as evidence that it is in conformity with the measure.</i></p> <p><i>The documentation will be numbered:</i></p> <ol style="list-style-type: none"><li>1. Xxx</li><li>2. Xxx<ol style="list-style-type: none"><li>a) xxx</li><li>b) xxx</li></ol></li></ol>	<p><i>This section provides guidance specific to the required documentation. Types of materials may be described, e.g., meeting minutes, partnership member list, etc. Examples may also be provided here.</i></p> <p><i>This section will state if the documentation is department-wide or if a selection of programs' documentation is required.</i></p> <ol style="list-style-type: none"><li>1. Xxx</li><li>2. Xxx<ol style="list-style-type: none"><li>a) xxx</li><li>b) xxx</li></ol></li></ol>	

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## Any questions?

- PHAB?
- Accreditation?
- Overall process?



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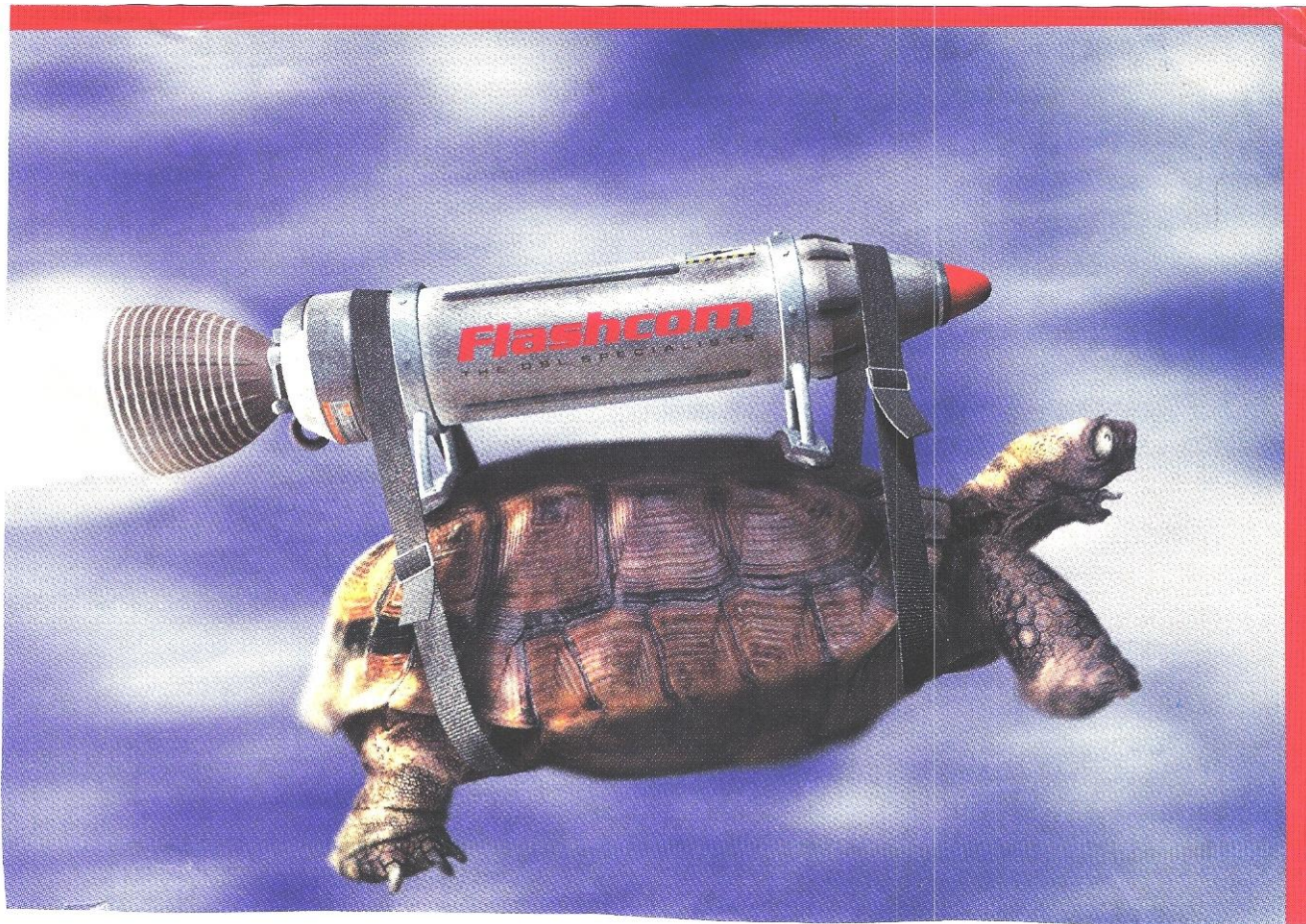
Fifteen minutes, please!





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## Preparing for Accreditation



# *Public Health Performance Management Centers for Excellence*

## **Approach/Process for Preparation**

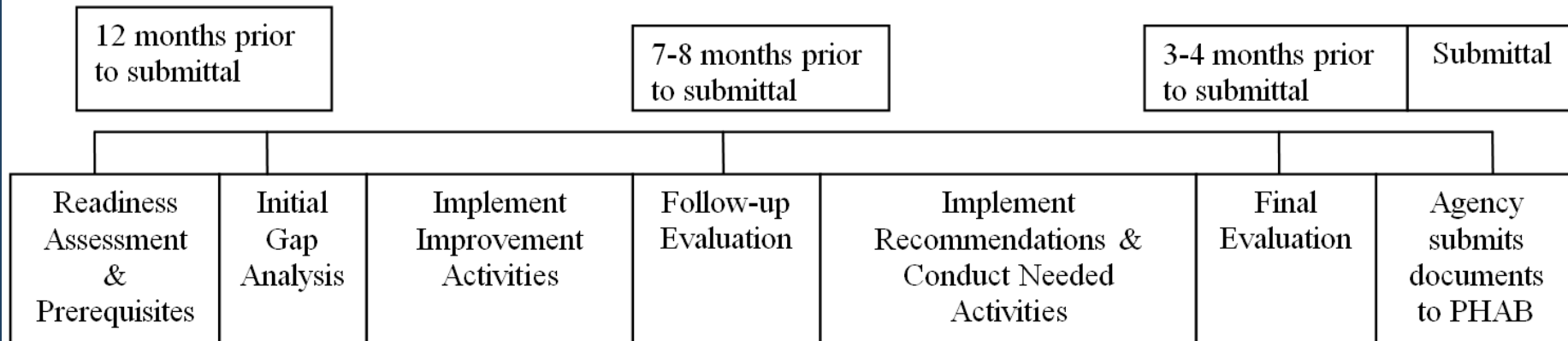
- Readiness Checklist, available from PHAB
- Develop prerequisites, if necessary
- Initial Self-Assessment and Gap Analysis
- Implement Improvement Activities
- Follow-up Assessment
- Implement Improvements and Conduct Needed Activities
- Final Assessment
- Submit documents to PHAB



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## Timeline for Preparation Process

(Assumes that the three pre-requisites are complete.)



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## Important Agency Capacities for Preparation for Accreditation

- Administrative
  - Executive Sponsorship
  - Lead/Agency Coordinator
  - Steering Committee or Workgroup
- Internal Agency Process
  - Plan and conduct a Self-Assessment (can be a peer review process) for preparation of site visit
  - Develop workplan or calendar to capture when required docs will be needed some monthly, quarterly, annually

## Readiness Checklists

There are four sections of the Readiness Checklists

- Initial Checklist
- Prerequisite Checklist
- Process Readiness Checklist
- Organizational Readiness Checklist

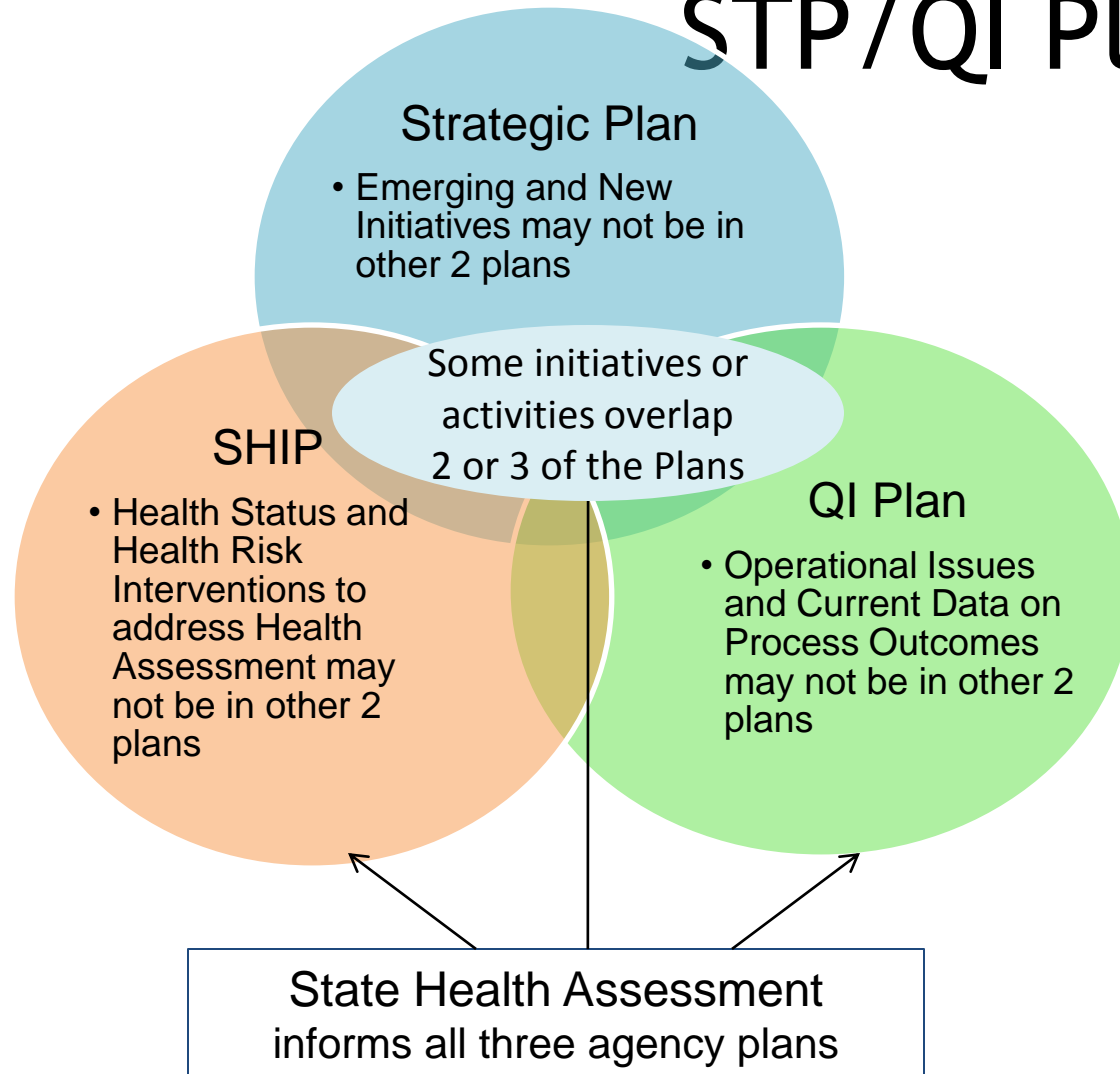
Readiness Checklist Handout

## The Three Prerequisites

- Community Health Assessment
  - Standard 1.1
- Health Improvement Plan
  - Standard 5.2
- Department Strategic Plan
  - Standard 5.3

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## STP/QI Plan/SHIP



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## Roles in the Accreditation Process

- Accreditation Coordinator
- Accreditation Team
- Health Department Director
- Health Department Staff
- Governing Entity
- Community Partners
- Technical Assistance Providers



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## Identify Accreditation Coordinator and Team

- Assign coordinator for preparation project (12-18 months in advance)
- Assign specific categories/standards to individuals (usually managers)
- Develop detailed work plan that addresses each standard
- Establish meeting schedule for workgroup
- Report progress and barriers to leadership team

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## Accreditation Coordinator

*Build relationships and manage the preparation  
and site visit process*

- Assess department readiness
- Complete Online Orientation
- Prepare the SOI and Application for the Health Officer
- Lead the Accreditation Team
- Manage the selection of documentation
- Maintain a document management process
- Coordinate and support the PHAB site visit





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## Accreditation Team

- Assist Accreditation Coordinator manage each step
- Identify potential documentation
- Sub-teams to manage specific aspects of the accreditation process
- Domain Teams - identify potential documentation
- Internal communication, site visit arrangements
- Consider and select documentation for each measure across a variety of public health programs
- Provide access to people in the department and other agencies and organizations
- Access to resources



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## Team Members

5 - 10 members with:

- Interest in the accreditation process
- Experiences with a specific domain or aspect of accreditation
- Ability to communicate effectively
  - Willingness to share knowledge and expertise
  - Willingness to listen to others
- Ability carry out assignments
- Problem-solving skills
- Representation of various departments and programs
- Representation of levels of the organization



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## Department Staff



- All on board!
- Understand purpose of accreditation
- Familiar with standards and measures
- Contribute ideas for documentation
- Assist arrangements for site visit
- Be prepared for site visit
- Enthusiasm and support for accreditation

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## Health Department Director

- The health department director should:
  - Set the tone for accreditation and QI
  - Attend the online orientation
  - Approve the Statement of Intent
  - Approve the Application
  - Monitor the progress of the health department through the next steps
  - Be present and engaged in the site visit
  - Monitor all accreditation related reports
  - Celebrate achievements!



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## Governing Entity

The governance structure of the health department will guide most of what the governing entity's role will be in the accreditation process. Regardless of the structure, however, there are a few key roles that apply to the governing entity.

- Support accreditation
  - In concept
  - With letter of support
- Provide input and feedback
- Engage in process and participate in site review
- Support quality improvement
- Celebrate achievements!



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## Community Partners

*Formal partners provide specific services, develop materials, and coordinate services*

- Be aware of accreditation effort
- Review standards and measures
- Contribute documentation
- Partner on QI
- Meet with Site Visit Team



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## Let's Discuss!

- Let's discuss your questions and comments about the roles needed for preparing your HD to undergo a PHAB accreditation survey.



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Fifteen minutes, please!





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## **Conduct Self-Assessment**

- Use accreditation self-assessment to conduct objective review against the standards
- Identify documentation that shows performance
- Identify areas not meeting the standard as areas for improvement
- Provide documentation needed to demonstrate performance (but no “wet ink”)

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## Self-Assessment Results Documentation

**Domain 1:** Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment

**Standard 1.3** Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.

**Measure 1.3.1 A** Analyze and draw conclusions from public health data

			Review Team Comments		
Required Documentation	Reviewer Score		Comment on Score	Documents Reviewed	Opportunities for Improvement
1. Reports containing analysis of data collected and conclusions from review of data with the following characteristics [Two Examples]		Not Demonstrated			
		Slightly Demonstrated			
		Largely Demonstrated			
		Fully Demonstrated			
Sub-requirements	Met	Not Met	Describe what is missing if sub-requirement not met:		
1a. Reports are within defined timelines based on policy guidelines and/or evidence-based practice					

# *Public Health Performance Management Centers for Excellence*

## Organizing Documentation

- Electronic files
- Set up one set of files
- Shared drive vs. single computer
- Paper files\*



Organize Include in library Share with Burn New folder

Favorites

- Desktop
- Downloads
- Dropbox
- Recent Places

Libraries

- Documents
- Music
- Pictures
- Videos

Homegroup

Computer

OS (C:)

Name	Date modified	Type
Domain 1	11/15/2011 8:32 A...	File folder
Domain 2	11/15/2011 8:33 A...	File folder
Domain 3	11/15/2011 8:34 A...	File folder
Domain 4		
Domain 5		
Domain 6		
Domain 7		
Domain 8		
Domain 9		
Domain 10		
Domain 11		
Domain 12		
General		
PHAB-Standards-and-M		

Organize Include in library Share with Burn New folder

Favorites

- Desktop
- Downloads
- Dropbox
- Recent Places

Libraries

- Documents
- Music

Name	Date modified
Standard 1.1	11/15/2011 8:43 A...
Standard 1.2	11/15/2011 8:27 A...
Standard 1.3	11/15/2011 8:27 A...
Standard 1.4	11/15/2011 8:27 A...

Dropbox Educational Services applicant training Accreditation Documentation Domain 1 Standard 1.1

Share with Burn New folder

Name	Date modified	Type	Size
Measure 1.1.1 S	11/15/2011 8:42 A...	File folder	
Measure 1.1.1 TL	11/15/2011 8:42 A...	File folder	
Measure 1.1.2 S	11/15/2011 8:43 A...	File folder	
Measure 1.1.2 TL	11/15/2011 8:43 A...	File folder	
Measure 1.1.3 A	11/15/2011 8:43 A...	File folder	

Favorites

- Desktop
- Downloads
- Dropbox
- Recent Places

Libraries

- Documents
- Music
- Pictures
- Videos

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## Naming Files

- Use a system that makes sense to you
- Use a system so that you will know what is in a file and what it is for
- Use a system so that anyone in your department who looks at the name will know what the file contains
- Titles and descriptions



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## Example of File Names

- 3.2.2 - Health Task Force Minutes 8-6-09
- 8.1.1 - 1 - a - HR - Workforce Plan 12-3-10
- 6.3.1 Crisis Communication Policy JR
- 4.1.1 Media Policy Final
  
- Feedback from group
  - How are you naming files?



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## Selecting Documentation

- Reflects the work of the health department
- Representative of the entire range of programs and services (sources of documentation)
- Most applicable to what the measure requires
- Talk with peers when stuck



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## Displaying Your Documents

### 1. Documents

- Include a title or cover page
- Highlight:
  - Title
  - Date
  - Text in the document that meets the measure
  - Page of ... total pages in document if extracted
- Use only what you need to meet the standard

### 2. Websites

- Create screen shots of web sites



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## Sample of a Description Box

Office →  
Measure # →

Office of Non-Infectious Conditions Epidemiology  
Measure 1.15

How Meets  
Standard →

Non-Infectious Conditions Epidemiology is responsible for coordinating the production of *The Health of Washington State* report, a comprehensive assessment of trends in population health status, communicable disease, environmental health risks, health disparities, and access to critical health services. A sample of chapters from the 2007 update of *The Health of Washington State* is included for documentation of this measure. Additional chapters may be viewed at: <http://www.doh.wa.gov/hws/HWS2007.htm>.

Written definitions and descriptions of the data used in *The Health of Washington State* are included at the top, right-hand corner of each chapter. Additional description of the data sources is shown in Appendix B of the report.

Where located  
in document →

Barrier analysis (qualitative data) is incorporated into most chapters of *The Health of Washington State*. An additional example of using qualitative data in assessment is the WIC Listens Project Report. NICE staff (Amira El-Bastawissi) provided epidemiological consultation and served as a project team member for this report.

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## Tell Your Story....

- Site reviewers will not be familiar with your HD or even your state
- Provide short summary or note that describes your processes for the topic addressed by the measure
- Be laser-focused on the specific requirement of that measure
- State page number (or highlight with text box) where specific information addressing the measure is located if document more than 3 pages long
- Provide only the documentation that is needed to demonstrate performance. More is not better!

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## **PHAB's Description Box**

**Use the Description Box to help provide the link between the Measure and the uploaded document for the Site Reviewers**

- Character Limit: 150 words
- Optional
  - Describe how document demonstrates conformity
  - Identify specific location within the document
  - Provide context if upload is part of a larger document
  - State the author, if not a health department document



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## Documentation in Daily Work

- Build documentation into regular processes:
  - Use summary formats for regular reporting
  - Minutes of working committees
  - Case write-ups, logs, and progress reports
  - Emphasize conclusions, actions and results
  - Maintain prior versions of reports and documents

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- **LUNCH BREAK!**

**Be Back in 45 minutes, please!**



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**CONDUCTING A MOCK REVIEW  
FOR SELECTED PHAB  
STANDARDS**

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## Reviewing Documentation for Conformity

- A process of **assessing** the department's **conformity** with the standards and measures
  - Review documentation
  - Clarify through discussions
  - Supplement with additional information
  - Interview others (e.g., governance)
  - Assess conformity
  - Develop written report

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## Assessing Documentation

- Verify
  - to check whether or not the evidence is true by examination, investigation, or comparison
- Clarify
  - to make the evidence clear by examining it thoroughly
- Amplify
  - to make accounts fuller, clearer. or more detailed





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## Many Types of Documentation

- **Written descriptions of process:** policies and procedures, protocols, emergency response plan, manuals, flowcharts, logic models or other documentation.
- **Reports:** health data summaries, survey data summaries, data analysis, audit results, meeting agendas, committee minutes and packets, after-action evaluations, continuing education, tracking logs, work plans, financial reports, QI reports or other documentation.
- **Materials:** email, memorandum, letters, dated distribution lists, phone books, health alerts, Fax, case files, logs, attendance logs, position descriptions, performance evaluations, brochures, flyers, website screen prints, news releases, newsletters, posters, contracts or other documentation.

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## Documentation Requirements

- No “wet ink” - documents must be in use, not designed only for the review
- Documents must show their effective date
- No draft documents will be allowed
- If no specific timeframe is cited, all documentation should be from the last five years
- Standardized footer - name, date
- Anyone as long as the document is in use by the health department (May require proof of the relationship)

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## Guidance in the Standards

- Relevant to Domain, Standard & Measure
- Give context
- Specific to what is being requested
- Use spreadsheet template (or relevant tool) to document findings
- How to read the Standards & Measures
  - Let's look at an example standard



## *Standard 2.2: Contain/mitigate health problems and environmental public health hazards.*

Measure	Purpose	Significance
<b>2.2.1 A</b> Maintain protocols for containment/mitigation of public health problems and environmental public health hazards	The purpose of this measure is to assess the health department's ability to contain or mitigate health problems or environmental public health hazards. This includes disease outbreaks. This measure assesses the existence of protocols for the containment or mitigation of public health problems or public health environmental hazards.	<p>Health departments are responsible for acting on information concerning health problems and environmental public health hazards in order to contain or lessen the negative effect on the health of the population.</p> <p>Health departments require standard operations, assigned roles and responsibilities, and well thought out coordination in order to effectively address disease outbreaks. A standardized approach ensures timely response.</p>
Required Documentation	Guidance	
1. Current written protocol that address containment/mitigation of public health problems and environmental public health hazards	1. The health department must provide two examples of written protocols for containment/mitigation of health problems and hazards. This includes disease-specific procedures for follow-up and reporting during outbreaks. To "maintain" means that the department keeps the protocols up-to-date. The protocols must address mitigation, contact management, clinical management, use of prophylaxis and emergency biologics, communication with the public health laboratory, and the process for exercising legal authority for disease control. These protocols may be in a single document or be comprised of many separate documents.	

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## Using the PHAB Guidance

1. Read the statement of the specific measure you are scoring, including the “Intent”
2. Read each requirement carefully. You will need to validate that each of these requirements are present in the documentation to score the measure as “Demonstrates”
3. Review the Guidance section in detail and highlight every “active” verb statement
4. Review the PHAB Acronyms and Glossary and use to clarify definition of terms and how they are used in the PHAB Standards

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## Documentation Timeframes

PHAB Standards Introduction page 5

- **Annually** – within the previous 14 months of documentation submission;
- **Current** – within the previous 24 months of documentation submission;
- **Biennially** – within each 24-month period, at least, prior to documentation submission;
- **Regular** – within a pre-established schedule, as determined by the health department; and
- **Continuing** – activities that have existed for some time, are currently in existence, and will remain in the future.

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## Tips for Reviewers

- Do not over-interpret the requirements of the measure
- Do not carry-over requirements
- Be concise and factual, not subjective or judgmental
- Assure that your scoring decision directly reflects the requirements in the measure
- If putting your findings in writing, do not use any personal names or other PHI. For training logs and job descriptions, just use "2 staff" or "PH Nurse" or "EH Specialist"

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## Putting it all together

Your role as a reviewer is to determine the level of conformity of the supplied documents (along with what is learned on-site) to affirm or deny the truth of the department's assertion of demonstrating the measure.





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## Mock Review Instructions

- Teams of 2 people
- Individually read each Standard and then the measure that you will be scoring
- Identify the Required Documentation and the guidance for the measure
- Determine timeframe for the documentation for the measure
- Read documentation and come to consensus together on the score for the measure
- Document your rationale for your score and any other comments

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## Documenting Your Results

**Domain 1:** Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment

**Standard 1.3** Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.

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1a. Reports are within defined timelines based on policy guidelines and/or evidence-based practice					

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Fifteen minutes, please!



# *Public Health Performance Management Centers for Excellence*

## **USING THE RESULTS OF SELF- ASSESSMENTS FOR PHAB STANDARDS**

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## Questions to Get Started

After you have the results of your Self-Assessment

- 1. Have we described the gaps in our performance against the Standards?*
- 2. How can our team select what items to improve?*
- 3. Can we find good examples of documentation to adapt or adopt?*
- 4. What's next?*

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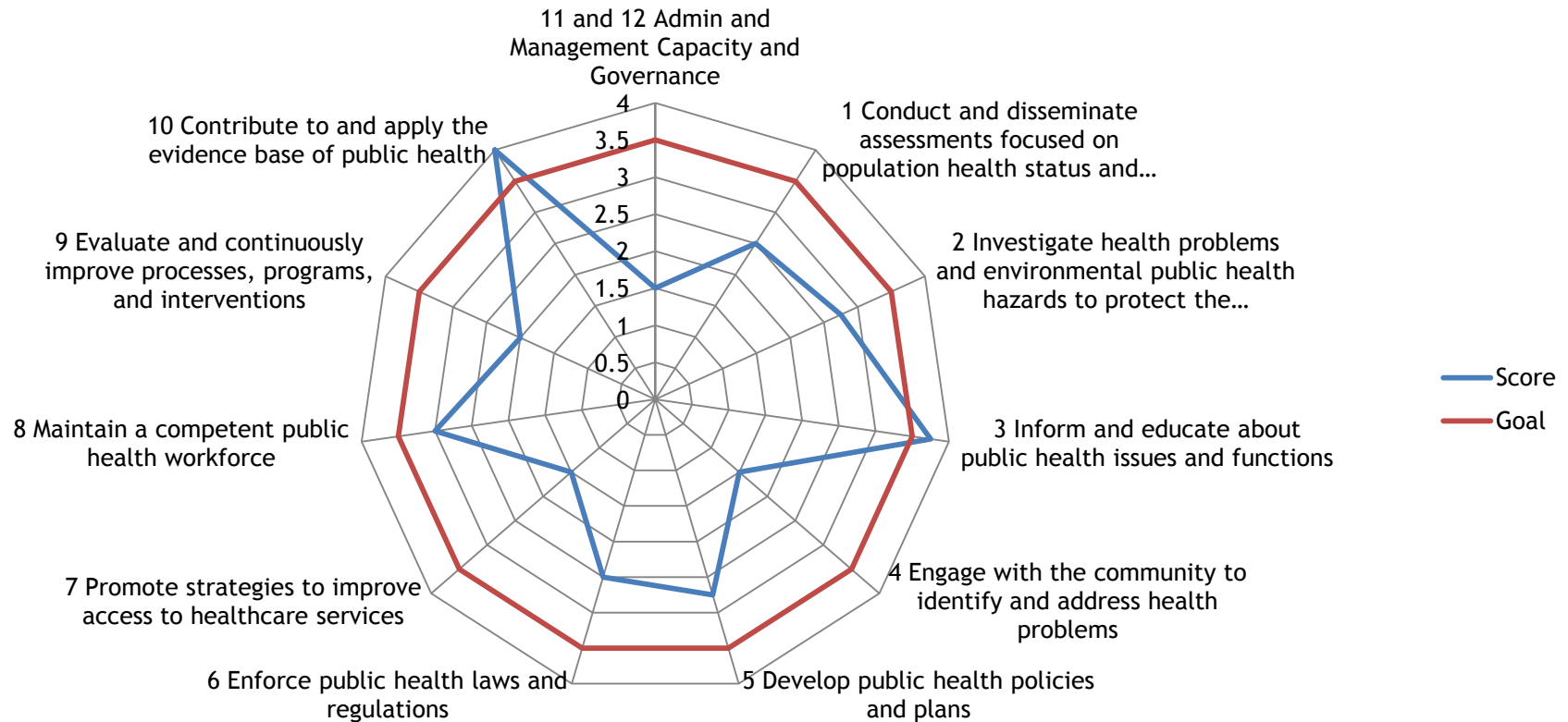
## Gap Analysis - PHAB Standard 5.2

Standard 5.2 Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

Measure	Score	Compliance Demonstration
5.2.1 L	3	Demonstrated
5.2.2 L	2	Largely Demonstrated
5.2.3 A	1	Slightly Demonstrated
5.2.4 A	0	Not Demonstrated

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## Radar Chart Example



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## Broader Impact Issue

Begin with a high level view of weaknesses and cross-cutting themes vs. individual standards or indicators.

- For example: “Establish measurable outcomes with time-frames and targets as part of QI work”
- Addressing this area for improvement could impact scoring in Domain 1, Domain 5 and Domain 9.




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## Individual Standard or Measure

**Focus on  
specific  
standards with  
low  
capacity...and  
high  
importance.**

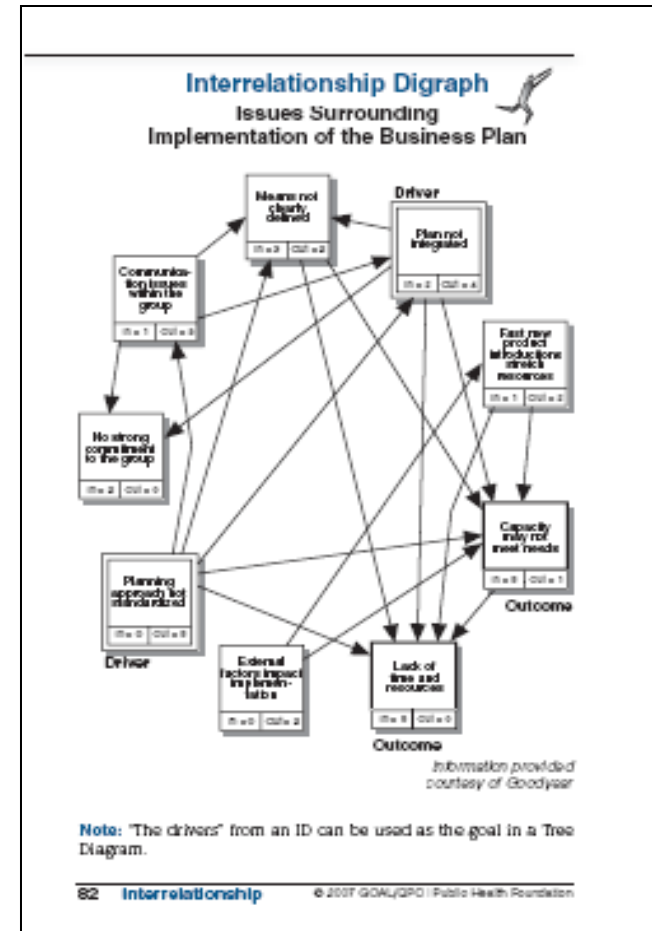
<b>High Priority Low Performance (Example: Domain 9 Standard 9.2 – QI Plan)</b>	<b>High Priority High Performance</b>
<b>Low Priority Low Performance</b>	<b>Low Priority High Performance</b>



# Public Health Performance Management Centers for Excellence

## Interrelationship Digraph (ID) Tool Benefits

- Finds potential drivers of improvement in many areas
- Simple and fast (30-45 min.)
- Know what to work on first
- Achieves team commitment
- Surfaces assumptions, documents reasoning
- Generates hypotheses about relationships between areas that can be tested
- Creates ideas for potential measures of improvement



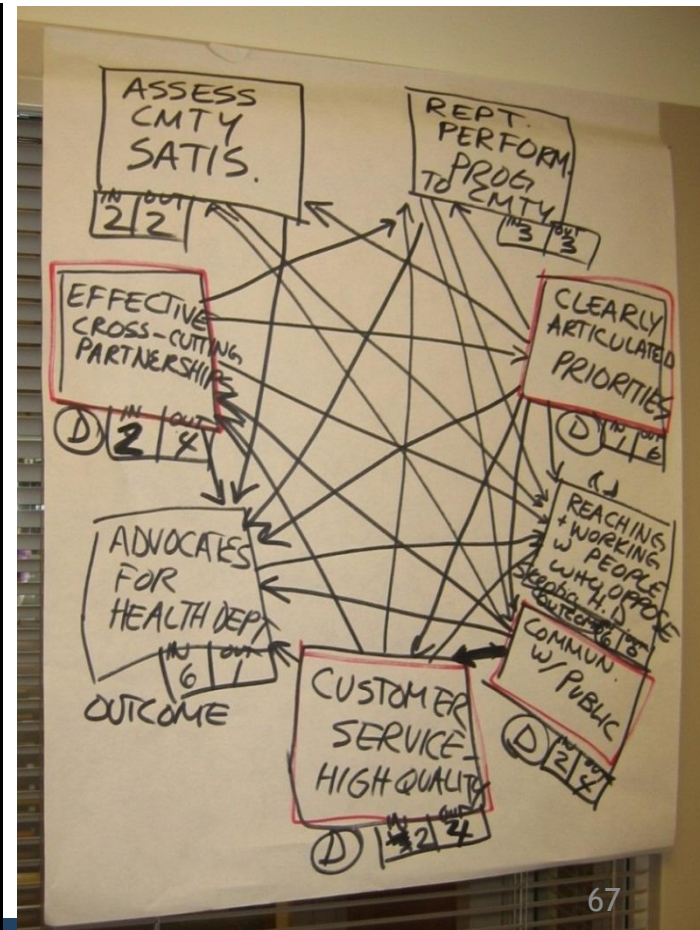
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## Example: Lincoln-Lancaster County

“Potential Issues Related to Achieving (1) Improved Support and Results, and (2) Accreditation Readiness”

### Issue

1. Report performance progress to community
2. Clearly articulated priorities
3. Reaching and working w/people who oppose the health dept/skeptics
4. Communication with the public (general)
5. Customer Service – High Quality
6. Advocates for the Health Department
7. Effective cross-community partnerships
8. Assess community satisfaction with dept.



# Public Health Performance Management Centers for Excellence

## Example: Lincoln-Lancaster County

“Potential Issues Related to Achieving (1) Improved Support and Results, and (2) Accreditation Readiness”

Issue	Arrows IN	Arrows OUT	Conclusion
1. Report performance progress to community	3	3	
2. Clearly articulated priorities	1	6	<b>**DRIVER**</b>
3. Reaching and working w/people who oppose the health dept/skeptics	6	0	OUTCOME
4. Communication with the public (general)	2	4	<b>DRIVER</b>
5. Customer Service – High Quality	2	4	<b>DRIVER</b>
6. Advocates for the Health Department	6	1	OUTCOME
7. Effective cross-community partnerships	2	4	<b>DRIVER</b>
8. Assess community satisfaction with dept.	2	2	

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## Choosing an Approach

### Factors to Consider:

1. Connection to health and strategic priorities
2. Influence on other standards or measures
3. Feasibility of success
4. Amount of effort to improve performance

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## Some Activities Do Not Need QI

- Policy or procedure needs to be written and implemented
- A different agency, division or program may have documentation, just need to identify and collect it
- Documentation needs to be approved, updated, reviewed or revised (is not timely or is in draft form)
- Other examples?

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## Some Gaps Can Benefit From QI

- More systemic or wide spread gap; e.g. need for quantifiable outcome measures in all programs
- New work process needed
- Staff evaluation or training processes need improvement
- Consistent application of activity needed across programs, e.g. review of data analysis and making conclusions from the data

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## Let's Discuss



Does your health department have a comprehensive gap analysis from the self-assessment?

Which approach to improvement could you apply in your agency?



# *Public Health Performance Management Centers for Excellence*

## Technical Assistance

- Association of State and Territorial Health Officials (ASTHO): [www.astho.org](http://www.astho.org)
- National Association of County and City Health Officials (NACCHO): [www.naccho.org](http://www.naccho.org)
- National Association of Local Boards of Health (NALBOH): [www.nalboh.org](http://www.nalboh.org)
- National Indian Health Board (NIHB): [www.nihb.org](http://www.nihb.org)
- National Network of Public Health Institutes (NNPHI): [www.nnphi.org](http://www.nnphi.org)
- Public Health Foundation (PHF): [www.phf.org](http://www.phf.org)

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## **PHAB Resources** [www.phaboard.org](http://www.phaboard.org)

- PHAB Guide to National Public Health Department Accreditation Version 1.0
- PHAB Standards and Measures Version 1.0
- PHAB Acronyms and Glossary of Terms version 1.0
- PHAB Fee Schedule (2011-12) Fact Sheet
- PHAB National Public Health Department Accreditation Documentation Guidance Version 1.0
- PHAB National Public Health Department Accreditation Readiness Checklists Version 1.0
- PHAB Standards and Measures Documentation Selection Spreadsheet Version 1.0 (Excel)
- e-PHAB SOI Information
- e-PHAB Application Information
- Video Instructions for Site Visits at [www.cecentral.com/phab](http://www.cecentral.com/phab)
- Version 1.0 Errata released 12/22/11

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## What comments and questions do you have?

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